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APPLICANTS

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 ** CONTINUING DATA ***** *NONE*

 ** FOREIGN APPLICATIONS ***** *NONE*
LKB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LKB</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Dispensing container

FILING FEE RECEIVED 780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit